PRINTED: 06/27/2016 FORM APPROVED

Indiana State Department of Health

PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPI	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  720 SOUTH SIXTH ST  MONTICELLO, IN 47960   (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  STREET ADDRESS, CITY, STATE, ZIP CODE  720 SOUTH SIXTH ST  MONTICELLO, IN 47960  (X5 PREFIX (EACH CORRECTION SHOULD BE COMPILED				A. BOILDING.				
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HFAP Surveyor: 33212 Facility Number: 005034  Type of Survey: State Licensure Off Site Healthcare Facilities Accreditation Program Survey  Date of HFAP On Site Survey - Hospital full survey 02/01-02/2016  Date of ISDH off site review - 6/27/2016  Based on review of the February 2, 2016 HFAP Accreditation Survey Report, it has been determined that Indiana University Health White Memorial Hospital, Inc. meets the requirements for Hospital Licensure in Indiana for 2016.		HFAP Surveyor: 33212 Facility Number: 005  Type of Survey: State Healthcare Facilities of Survey  Date of HFAP On Site survey 02/01-02/2016  Date of ISDH off site  Based on review of the Accreditation Survey determined that India Memorial Hospital, In	e Licensure Off Site Accreditation Program  e Survey - Hospital full feeview - 6/27/2016  e February 2, 2016 HFAP Report, it has been na University Health White c. meets the requirements	S 000				

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE